



CITY OF EAGLE PASS

VOLUNTARY DONATION OF TIME

From/Donor: _____

Employee ID #: _____

Department: _____

To/Donee: _____

Employee ID #: _____

Department: _____

Donation to be deducted from:

Donation will be credited to the recipient's sick leave account.

Leave Type	# of Hours	Current Rate of Pay <i>(For payroll use)</i>	Dollar Amount
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Donations must come from vacation and/or sick leave.

If donating from sick leave, you must maintain a minimum balance of 40 sick leave hours after your donation. I certify that I have _____ available sick leave hours.

I hereby authorize the above stated hours to be deducted from the designated type of leave.

Employee Signature

Date

Director/Supervisor Signature

Date

FOR HR DEPT. USE:	
Donee Employee's Rate of Pay: \$ _____	Processed by: _____
Donated Hours added to Recipient Employee: _____	Processed date: _____